

STATE AYUSH SOCIETY

(Registered under Societies Registration Act (xxi of 1860) as amended by Punjab Amendment Act, 1987)

NATIONAL AYUSH MISSION, U.T. CHANDIGARH

AYUSHMAN AROGYA MANDIR (AYUSH), 1st FLOOR, SECTOR 24 B, CHANDIGARH
Email: ayush.chd.admn.24b@gmail.com, nampmuchd@gmail.com Phone No. 0172-2700346

No. E.O. 568701/NAM, UT, Chd./2026/81310

Dated the 7/5/2026

PUBLIC NOTICE

Applications are invited on the prescribed Performa for the post of Yoga Instructor (Part Time) under National AYUSH Mission to be placed across Yoga Wellness Centres in Government Schools and Health facilities in Chandigarh. The forms may be downloaded from the official website of Chandigarh Administration www.chandigarh.gov.in and GCYEH, Sec. 23, Chandigarh (www.gcyeh.edu.in) **w.e.f. 8th May, 2026**. The last date for the submission of application form (by hand/ by post) is **22nd May, 2026 upto 5:00 PM** at **Ayushman Arogya Mandir (Ayush), First Floor, Sector 24 B, Chandigarh**. The **Interview and Skill Test** schedules and further details will be notified on the official website of Chandigarh Administration www.chandigarh.gov.in and GCYEH, Sec. 23, Chandigarh (www.gcyeh.edu.in).

Digitally signed by
NARINDER SINGH BHARDWAJ
Date: 07-05-2026 17:13:17
Joint Director (Ayurveda)
for Director AYUSH
Chandigarh Administration.

APPLICATION FOR THE POST OF _____

Affix Latest
Passport
Size
Photograph
(self
Attested)

1. Name of the Applicant (in BLOCK letters): _____
2. Father's Name : _____
3. Age & Date of Birth : _____
4. Nationality : _____
5. Permanent Address (in BLOCK Letters): _____

6. Communication Address (in BLOCK Letters) : _____

7. Mobile no. and e-mail address: _____

8. Educational Qualification: _____

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Name of Institute/College	Name of University	Year of Passing
10th						
10+2						
Graduation						
Master						
Any others						
1.						
2.						
3.						

9. Any Achievement/Medal in State/National/All India Inter-University Championship (Attach separate sheet): _____

10. Detail of service done earlier:

Designation	Name of Department/Organization	Duration of Tenure		Total Period
		From	To	
....				
....				
....				

Declaration: I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature for the applied post is liable to be cancelled/rejected at any stage.

Place:

Date:

SIGNATURE OF CANDIDATE

Mobile No.

Email Address: